

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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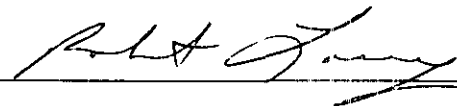
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10060</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Robert Lacey  P.O. Box, Bldg., Room No., if any  Street 1900 L Street NW, 9th Floor  City Washington  State District of Columbia ZIP Code + 4 20036-5002	4. Name, file number, and address of labor organization.  Name Graphic Communications International Union  Labor Organization File Number 000373  P.O. Box, Building and Room Number, if any  Street 1900 L Street NW, 9th Floor  City Washington  State District of Columbia ZIP Code + 4 20036-5002
5. Position in labor organization. International Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>8/15/2005</u> Date	<u>202-462-1400</u> Telephone Number

Name of Person Filing Robert Lacey	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Unknown</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Unknown</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received.</p> <p>During the course of 2004, I had meals with vendors of the GCIU. I cannot recall who paid for the meals or the cost of my share of the meal if paid by the vendor.</p> <p>12.b. Amount. UNKNOWN</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Robert Lacey	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name GCIU Supplemental Ret. &amp; Disability Fund</p> <p>Trade Name, if any: GCIU/SRDF</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1900 L Street, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name Same as 8</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Mr. Lacey is a trustee of the GCIU/SRDF (GCIU Supplemental Retirement and Disability Fund).</p>
	<p>11.b. Approximate dollar value of such dealing. N/A</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Mr. Lacey as a Trustee, received reimbursement for airfare, travel, lodging, and meals lawfully incurred in attendance at Trustee Meetings.</p>
	<p>12.b. Amount. \$6,455</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>Robert Lacey</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <u>DePrince, Race, and Zollo, Inc.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <u>GCIU Supplemental Ret. &amp; Disability Fund</u></p> <p>Trade Name, if any: <u>GCIU/SRDF</u></p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1900 L Street, NW</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIP Code + 4 <u>20036</u></p>	<p><b>11.a. Nature of such dealing.</b></p> <p><u>Investment Manager</u></p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><u>\$361,445</u></span></p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p> <p><u>During a Trustees meeting, DePrince, Race, and Zollo hosted a Trustees dinner. March 15-17, 2004.</u></p> <hr/> <p><b>12.b. Amount.</b> <span style="float: right;"><b>UNKNOWN</b></span></p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14.a. Nature of payment.</b></p> <p>_____</p>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b></p> <p>_____</p>

Name of Person Filing	Robert Lacey	File Number U-
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<p><b>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</b></p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Lazard Asset Management, LLC</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 30 Rockefeller Plaza</p> <p>City New York</p> <p>State New York ZIP Code + 4 10020</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name GCIU Supplemental Ret. &amp; Disability Fund</p> <p>Trade Name, if any: GCIU/SRDF</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1900 L Street, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager</p> <p>11.b. Approximate dollar value of such dealing. \$441,834</p> <p>12.a. Nature of interest held or income received.</p> <p>During a Trustees meeting, Lazard Asset Management, LLC hosted a Trustees dinner. January 8-9, 2004</p> <p>12.b. Amount. UNKNOWN</p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1920 N Street NW, Suite 400

City Washington

State District of Columbia ZIP Code +4 20036

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Graphic Comm. National Health &amp; Welfare Fund

Trade Name, if any: GCNHWF

P.O. Box, Bldg., Room No., if any Five Gateway Ctr., Ste 620

Street 60 Boulevard of the Allies

City Pittsburgh

State Pennsylvania ZIP Code +4 15222

## 11.a. Nature of such dealing.

Actuarial Consultant

## 11.b. Approximate dollar value of such dealing.

\$248,182

## 12.a. Nature of interest held or income received.

During a Trustees meeting, The Segal Company, hosted a Trustees dinner/reception. November 11, 2004. Mr. Lacey attended as a trustee.

## 12.b. Amount.

\$161

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code +4

## 14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

## 14.b. Amount of payment.

Name of Person Filing Robert Lacey	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Graphic Comm. National Health &amp; Welfare Fund</p> <p>Trade Name, if any: GCNHWF</p> <p>P.O. Box, Bldg., Room No., if any Five Gateway Ctr., Ste 620</p> <p>Street 60 Boulevard of the Allies</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15222</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Mr. Lacey is not a Trustee, but functions as Secretary to the GCNHWF.</p> <p>11.b. Approximate dollar value of such dealing. N/A</p> <p>12.a. Nature of interest held or income received.</p> <p>Mr. Lacey, as Secretary to the Fund, received reimbursement for airfare, travel, lodging, and meals lawfully incurred in attending Trustee meetings.</p> <p>12.b. Amount. \$3,799</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Robert Lacey

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name O'Donnell Schwartz &amp; Anderson, PC

Trade Name, if any:

P.O. Box, Bldg, Room No., if any

Street 1900 L Street NW, 8th Floor

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Attorney

11.b. Approximate dollar value of such dealing.

\$411,244

12.a. Nature of interest held or income received.

Lunch. December 16, 2004

12.b. Amount.

\$55

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment:

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.